

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF MIAMI-DADE COUNTY WARRANTS

We hereby authorize the Water and Sewer Department to initiate credit entries to our account (identified below) in the financial institution named below and authorize the financial institution to credit the same to our account.

This authority is to remain in effect until revoked by us in writing to the Water and Sewer Department. Account changes must be reported to the Water and Sewer Department thirty (30) days prior to the actual change.

Please complete the following information:

| SECTION 1 (TO BE COMPLETED BY VENDOR) | |
|--|-----------------------------------|
| TYPE OF TRANSACTION: | ADD CHANGE DELETE |
| VENDOR NAME: | |
| FISCAL OFFICER: | PHONE #: |
| *EMAIL (TO SEND PAYMENT ADVICE): | |
| FEDERAL TAX IDENTIFICATION NUMBER: | |
| FISCAL OFFICER SIGNATURE/TITLE: | |
| * SUBMISSION OF YOUR E-MAIL ADDRESS AUTHORIZES MIAMI-DADE COUNTY TO PROVIDE PAYMENT NOTIFICATIONS VIA ELECTRONIC E-MAIL RATHER THAN VIA U.S. MAIL. | |
| ELECTRONIC E-MAIL RATHER THAN VIA CO. MAIL. | |
| SECTION 2 (TO BE COM | MPLETED BY FINANCIAL INSTITUTION) |
| DIRECT DEPOSIT TO BE MADE TO | |
| FINANCIAL INSTITUTION NAME: | |
| ADDRESS: | |
| _ | |
| PHONE #: | |
| ROUTING & TRANSIT NUMBER/BANK NUMI | BER: |
| ACCOUNT # OF VENDOR: | |
| TYPE OF ACCOUNT: CHECKING SAVINGS | |
| BANK OFFICIAL SIGNATURE: | DATE: |
| | |
| SECTION 3 (TO BE COMPLETED BY WASD) | |
| DATE RECEIVED: AC | CH INDICATOR UPDATE: |
| VENDOR NUMBER: AI | P SUPERVISOR APPROVAL: |
| PROCESSED BY: | |